



For Internal Use:

Name: Last First  
Date of Initial Meeting:  
Type of Case:  
County:  
Intake Completed By:

New Client Intake Form

Full Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code County*

Can we send mail to this address? \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_  
Can we leave a VM with case info? \_\_\_\_\_ Can we email you with case info? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation (if applicable): \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

Opposing Party

Full Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code County*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of previous marriages: \_\_\_\_\_

Do you know if the other party has an attorney?      YES      NO  
               If "Yes", who represents them?

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Children Involved In Case  
(If none, skip this section)

Full Name	Gender	Age	Date of Birth

Questions (Optional)

*Use this section to jot down any questions you want to ask during the consult.*

*I certify that my answers are true and complete to the best of my knowledge. I understand that completing this document and/or consulting with a member of the Atlanta Divorce Law group does not create an attorney-client relationship without the execution of a Legal Agreement and payment of a Retainer or Flat Fee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_